

USER GUIDE FOR COMPLETING ONLINE DATA COLLECTION FORMS

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LOGGING ONTO THE WEBSITE	2
NAVIGATING THE TPPAZ.ORG MENU	3
FORM A – UNDUPLICATED COUNT OF CLIENTS SERVED	
Purpose of the Form	
General Instructions	
General Information about Form A & Form A Narrative	9
FORM B - HOURS OF SERVICE RECEIVED BY CLIENTS	10
Purpose of the Form	10
General Instructions	11
General Information about Form B & Form B Narrative	11
FORM C - PROGRAM COMPLETION DATA	13
Purpose of the Form	
General Instructions	
General Information about Form C & Form C Narrative	14
FORM D - COMMUNITIES SERVED	
Purpose of the Form	
General Instructions	
General Information about Form D & Form D Narrative	
HELPFUL HINTS	17
BLANK FORM A—UNDUPLICATED COUNT OF CLIENTS SERVED	18
BLANK FORM B—HOURS OF SERVICE RECEIVED BY CLIENTS	19
BLANK FORM C—PROGRAM COMPLETION DATA	20
BLANK FORM D—COMMUNITIES SERVED	21

WELCOME TO TEEN PREGNANCY PREVENTION AZ WEBSITE

The purpose of the TPPAZ website is to facilitate the collection of data and information on each of the programs funded under the Abstinence Education Program, Comprehensive Sexuality Education Program and Personal Responsibility Education Program from current contractors.

The Arizona Department of Health Services, Bureau of Women's and Children's Health has contracted for State evaluation services. The tppaz.org website was created to provide an efficient manner to collect and report data across all the funded programs. The information collected through the forms on this website will be used to assess the impact as well as to compile reports.

This *User Guide* will provide you with directions and hints for completing the Data Entry forms. Of course, if you have any questions or need assistance, please do not hesitate to contact us through the online Tech Support page.

LOGGING ONTO THE WEBSITE

Enter the TPPAZ website by typing www.tppaz.org in your browser. It is recommended you bookmark this site for easy retrieval. To enter the site, click on the button marked "Click for Access." This will take you to a login page. Staff will be given a default password that will allow entry to the web portal.

Step 1. Click for Access.



Step 2. Enter password & click Login button.



This site uses SSL (Secure Sockets Layer) to encrypt your Form entries when sent over the Internet. JavaScript and Cookies are used to authenticate site access. You need only allow first-party cookies. All information is considered confidential. Please note that JavaScript needs to be enabled to use this site. The site is designed for modern browsers: Internet Explorer (ver. 7+), Firefox (ver. 2+), Chrome (ver. 6+), and Safari (ver. 4+).

If you forget your password, send an email via Tech Support to retrieve your password.

NAVIGATING THE TPPAZ.ORG MENU

Once you have logged into the website, the TPPAZ Main Menu will appear. This User Manual focuses on the Data Collection Forms and outlines the data entry process for Forms A through D. Entering data for Forms A – D begins with selecting the Funding Source and the Contractor for whom data is being entered. First, select the appropriate funding source from the four options provided. Once the funding source has been selected, the specific contractors receiving funding under the selected source are listed in the dropdown menu under "Select Contractor." Select the appropriate contractor and click the "Start A New Form Series" button to begin entering data.

TPPAZ.org Teen Pregnancy Prevention Program: Arizona The purpose of the TPPAZ website is to facilitate the collection of data and information on each of the programs funded under the Arizona Department of Health Services' Teen Pregnancy Prevention Programs. FORMS A through D DATA COLLECTION The data collection site is set up to enter data ANNUALLY for one program at a time on Forms A through D. The Forms are linked sequentially and once you start the data entry process you should not leave the site until you have completed all the Forms (A through D and the Narrative Form). If you leave the site before you complete all the forms, you will lose all the information you have entered. Please ensure that you have all your program numbers ready before proceeding with the data entry process on the web portal. You will not be able to return to a previous page once it is submitted (you can not use your Back button to edit a previous page). The User Guide (Adobe PDF) will provide you with directors and hints for completing the forms as well as saving and printing the forms. Of course, if you have any questions or need assistance, please do not hesitate to contact us through the online: Tech Support page. 1. SELECT THE FUNDING SOURCE Title V Abstinence Education (federal) Abstinence Education (lottery) PREP (federal) Comprehensive Sex Ed (lottery) 2. SELECT CONTRACTOR Start A New Form Series

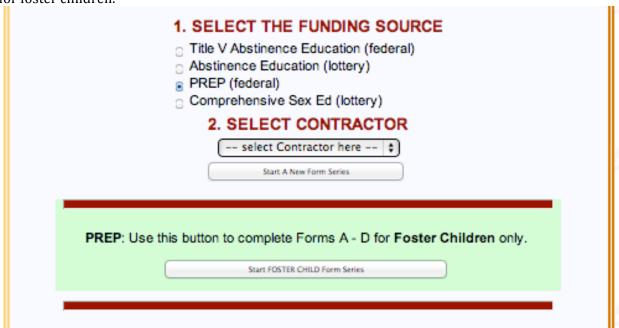
IMPORTANT!!

The Data Collection site is set up to enter data SEMI-ANNUALLY for one program at a time. The forms are linked sequentially and once you start the data entry process you should not exit the site until you have completed all the forms (A through D) and the Narrative Form. If you leave the site before you complete all the forms, you will lose all the information you have entered. Please ensure that you have all your program numbers ready before proceeding with the data entry process on the web portal. You will not be able to return to a previous a page once it is submitted.

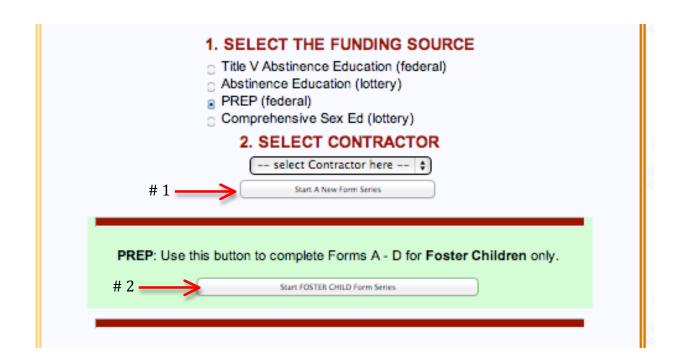
DO NOT USE your Back button to edit a previous page or you will create a "new" record.

IMPORTANT!!

Contractors receiving PREP funding must complete Forms A – D twice: once for non-foster children and separately for foster children. When the PREP funding source is selected, a second button to enter data for foster children appears. The illustration below shows the second data entry option for foster children.



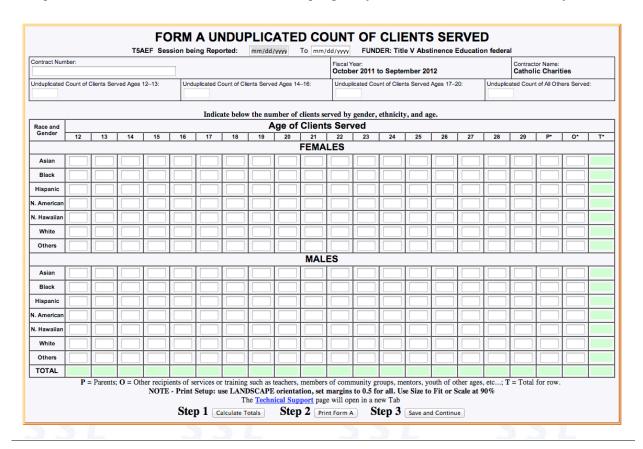
Data specific to non-foster children and foster children should be entered separately. Contractors receiving PREP funding should complete Forms A – D for non-foster children by clicking on the "Start A New Form Series" button (labeled as # 1 in the picture below). As noted above, the forms are linked sequentially and once you start the data entry process you should not exit the site until you have completed all the forms (A through D) and the Narrative Form. If you leave the site before you complete all the forms, you will lose all the information you have entered. After completing data entry on Forms A – D for non-foster children, enter data for <u>foster children</u> by clicking the "Start FOSTER CHILD Form Series" (labeled as # 2 in the picture below). Again, all of the forms (A through D) must be completed before leaving the site or the information will be lost.



FORM A – UNDUPLICATED COUNT OF CLIENTS SERVED

Purpose of the Form

The purpose of Form A, <u>Unduplicated Count of Clients Served</u>, is to track and report the unduplicated number of clients served for each program year. Each client is counted only once.



General Instructions

Form A should be submitted **SEMI-ANNUALLY** at the completion of all classes conducted during the fiscal year. These annual reports should provide cumulative data for the fiscal year on Form A.

Pre-populated Data

Certain data that is entered on Form A will be populated throughout the forms (B – D and the Narrative Form). These fields include:

<u>Session being Reported</u>. Indicate the inclusive dates of the sessions in the space provided. Enter the dates according to the format mm/dd/yyyy.

<u>Contract Number</u>: Enter the contract number from your grant award.

Calculated Data

Certain data entered on Form A will be calculated once you have completed your entries. When you finish entering the number of clients by race, gender, and age served in the programs for the time period, click "calculate totals" and the following fields will be filled automatically:

Unduplicated Count of Clients Served Ages 12-13 Unduplicated Count of Clients Served Ages 14-16 Unduplicated Count of Clients Served Ages 17-20 Unduplicated Count of All Others Served Total of all Columns (TOTAL) Total of all Rows (T*)

Data Entry

Complete each cell in Form A for an unduplicated number of clients served in all programs funded by Arizona Department of Health Services' Teen Prevention Programs.

Determining Age

In determining the age of a client, use the age of the client at the first point of contact during the program year. If you are helping young adults in making decisions related to teen pregnancy prevention, and the young adults happen to be young parents (under age of 29), record these clients under their ages.

The column for tracking services to **parents (P)** should be reserved for recording those efforts aimed at helping parents talk with their children about their children's sexual choices. The column for tracking **other recipients of services or training (O)** should be reserved for individuals such as teachers, members of community groups, mentors, youth of other ages, etc.

Determining Race/Ethnicity:

- **Asian** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."
- **Hispanic or Latino** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino."
- American Indian or Alaska Native A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Native Hawaiian or Other Pacific Islander A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

•	Other (not required by OMB) – A person wishing to identify himself or herself as "other" rather than one of the demographic groups described above.

General Information about Form A & Form A Narrative

- 1. After entering the data on Form A, complete Step 1, Calculate Totals. These totals will populate Form B. (Note: The numbers you enter in Form B must match the totals calculated on Form A. Be sure to enter the data in Form A correctly as you should not use the back button to return to the previous page. If you use the back button, a new record is created and you will have duplicate entries for one program.)
- 2. If you want to print a copy of Form A, complete Step 2. Read the note on Print Setup and use the print function for your browser. If you do not want to print a copy, then go to Step 3.
- 3. Click on Save and Continue to complete Step 3. If you did not print your form in Step 2, you will get a reminder message to "print". If you don't want to print, just click "OK" and then click Save and Continue again and you will be taken directly to the form labeled *Reporting Form Narrative*.
- 4. **Form A Narrative.** Add any explanations of numbers entered on Form A in the space provided on this narrative form. For example, if your program is implementing a media campaign, report such activities, and the numbers served in the space provided. When you complete the Form A Narrative, scroll to the bottom of the page and click on "SAVE and Continue". This action will take you directly to Form B.

IMPORTANT!!

Remember to **Click to Save and Continue** at the bottom of any form before exiting or you <u>will lose</u> <u>all the information</u> you have entered. You must complete all forms (A through D and the Narrative) before exiting the system or you will lose all the information you have entered.

IMPORTANT!!

Contractors receiving PREP funding must complete Form A twice: once for non-foster children and separately for <u>foster children</u>. Complete Form A for foster children after completing Forms A – D for non-foster children. Use the "Start FOSTER CHILD Form Series" button to enter information on Forms A – D for foster children (see page 4 for instructions on accessing this button).

FORM B – HOURS OF SERVICE RECEIVED BY CLIENTS

			rted: nence Ed	01/01/20 ucation fe		01/01/2	012				
Contract N	lumber:			Fiscal Y	oar:			Contr	actor Name	o.	
Sample Entry				October 2011 to September 2012 Arizona Youth Partnership)		
			τ	nduplica		it of Clie	ents Serv	ed			
Ages 12 to	_		,	Ages 14 to	16: 13		,	Ages 17 to	20: 14	,	
Number of Program Hours Received	By 12-13		By 17–20 year olds				By 17–20 year olds	Number of Program Hours Received		By 14–16 year olds	
1				21	$\overline{}$			41			
2				22				42			
3				23				43			
4				24				44			
5				25				45			
6				26				46			
7				27				47			
8				28				48			
9				29				49			
10				30				50			
11				31							
12				32							
13				33							
14				34							
15				35							
16				36							
17				37							
18				38				Total 12-13	0		
19				39				Total 14-16		0	
20				40				Total 17-20 s to 0.5 for			0

Purpose of the Form

The purpose of Form B, <u>Hours of Service Received by Clients</u>, is to track and report the total number of "program hours" that clients have received during the fiscal year. This form only captures the data for 12-13 year olds, 14-16 year olds, and 17-20 year olds.

For example, a contractor may provide 1,000 ninth grade students with a 20-hour curriculum program while also providing 5,000 other youth with a one-hour event. Form B allows the contractor to report these numbers in greater detail, rather than averaging the program hours together. Averaged together, the result would show that 6,000 youth received an average of 4 hours of service, which would not clearly represent the nature of the programs. A more detailed report of the example is captured in the sample table rows below.

Number of Program Hours Received	By 12-13 year olds	By 14-16 year olds	By 17-20 year olds
1		5,000	
20		1,000	
Total 14-16 year olds		6,000	

General Instructions

Pre-populated Data

Certain data entered on Form A is now populated on Form B. These fields include:

Session being Reported

Funder

Contract Number

Fiscal Year

Contractor Name

Calculated Data

In addition to the pre-populated data, certain calculated data from Form A is now populated on Form B.

Unduplicated Count of Clients Served Ages 12-13

Unduplicated Count of Clients Served Ages 14-16

Unduplicated Count of Clients Served Ages 17-20

<u>Note:</u> When you enter the total number of clients served in each of the two age groups by program hours, the totals must match the unduplicated counts for each age group from Form A. You will get an error message if the totals do not match.

Data Entry

Indicate the number of clients, by age group, who received the total number of "program hours." A "program hour" is a one hour session, and all sessions should be rounded up or down by the half hour. A session that lasts from 30 to 89 minutes should be counted as one program hour. A three-hour event should be counted as three program hours. For example, if 450 youth each attended every session of a course comprised of 5 program hours, and received no other services during the reporting period, it should be recorded that 450 youth received 5 program hours.

For clients that receive services from multiple programs, staff must add the hours received together so that only one number of program hours received will be recorded for each client served. For example, if a student participated in 17 hours of a 20-hour curriculum program and also participated in a one-hour event, the total number of program hours for that student would be 18.

General Information about Form B & Form B Narrative

- 1. For clients that received more that 50 program hours, use the blank rows to indicate the number of program hours received. Enter the number of program hours in the space provided.
- 2. Do not include any media campaign activities on Form B. If your program is implementing a media campaign, report the program hours and numbers served in the REPORTING FORM NARRATIVE under Form B Narrative heading.
- 3. After entering the data on Form B, complete Step 1, Calculate Totals. The unduplicated totals must match the totals on Form B.
- 4. If you want to print a copy of Form B, complete Step 2. Read the note on Print Setup and use the print function for your browser. If you do not want to print a copy, then go to Step 3.
- 5. Click on Save and Continue to complete Step 3. If you did not print your form in Step 2, you will get a reminder message to "print". If you don't want to print, just click "OK" and then click Save and Continue again and you will be taken directly to the form labeled *Reporting Form Narrative*.
- 6. **Form B Narrative.** Add any explanations of numbers entered on this narrative form. Also, if your program is implementing a media campaign, report such activities, and the numbers served, in space provided for Form B. When you complete the Form B Narrative, scroll to the bottom of the page and click on "SAVE and Continue". This action will take you to Form C.

IMPORTANT!!

Contractors receiving PREP funding must complete Form B twice: once for non-foster children and separately for <u>foster children</u>. Complete Form A for foster children after completing Forms A – D for non-foster children. Use the "Start FOSTER CHILD Form Series" button to enter information on Forms A – D for foster children (see page 4 for instructions on accessing this button).

FORM C – PROGRAM COMPLETION DATA

Purpose of the Form

The purpose of Form C, <u>Program Completion Data</u>, is to track and report the number of all clients who complete the various types of program(s) offered during the fiscal year.

FORM C PROGRAM COMPLETION DATA							
Session being Reported: 01/ FUNDER: Title V Abstinence Educat	01/2012 TO 01/01 tion federal	/2012					
Contract Number: Fiscal Year: Contractor Name: Sample Entry October 2011 to September 2012 Arizona Youth Partnership							
Report the number of all clients t	that have completed	the various	types of	Program	ı(s) offere	ed.	
Type Of Program		Number of Program	Number of Clients that complete at least 75% of the programs				
(see directions for the program	n types)	Hours	Number of Clients Served				
		Provided	12-13	14–16	17-20	Other	
- select Program here -	\$	0	0	0	0	0	
			0	0	0	0	
- select Program here -	*)	0	0	0	0	0	
			0	0	0	0	
Carlest Decrees have	-						

General Instructions

Pre-populated Data

Certain data that was entered on Form A is now populated on Form C. These fields include:

Session being Reported

Contract Number

Fiscal Year

Contractor Name

Data Entry

In the first column, select the types of programs offered by the grantee during the program year from the drop down menu.

- In-class teen pregnancy prevention curriculum
- After school teen pregnancy prevention curriculum
- Parent education
- Training for teen pregnancy prevention educators
- Mentoring (one-on-one)
- Conference, retreat
- Rally, assembly
- Additional programs (youth presenters, drama, etc.)

For "Additional Programs", name the type of program in the space provided in Type of Program column, and describe it in the Reporting Form Narrative under Form C Narrative heading.

A grantee may have several programs such as separate programs for middle school and high school students, events, or training programs, etc. Data should be recorded for each type of program with a distinct number of program hours. For example, if a program offers two after-school curriculum programs with one totaling 12 hours and the second totaling 24 hours, these should be recorded separately. However, if a grantee offers three after-school programs that all provide 15 hours of programming, the data for these should be added together and recorded in one row.

In the second column, Number of Program Hours Provided, list the total number of program hours that are provided by each program type. A "program hour" is a one hour session, and all sessions should be rounded up or down by the half hour. A session that lasts from 30 to 89 minutes should be counted as one program hour, while 90 to 149 minutes should be counted as two, and so on.

In the third, fourth, and fifth columns, list the number of clients that completed at least 75% of the program in the blue cells (numerator) above the total number of clients served (denominator) in the yellow cells for each of the age ranges indicated. The numerator should be smaller than the denominator.

General Information about Form C & Form C Narrative

- 1. The total number of clients served by all programs, if they were to be added together, may be greater than the unduplicated count of all clients, as reported on Form A, if clients participated in more than one program. This is okay.
- 2. Contractors with sub-contracts may wish to have each sub-contract fill out this form separately and then compile the data into one form that is entered online.
- 3. After entering the data on Form C, complete Step 1, Verify Numbers. If you have entered the correct ratio (i.e., numerator smaller than denominator) of the number completing 75% or more and total enrolled, then you will "pass" the verification. If the ratio is incorrect, that is the denominator is smaller than the numerator, then you will get an error message asking you to go back and correct the error. A red box will highlight the error.



- 4. Print Form. Read the note on Print Setup and use the print function for your browser. If you do not want to print a copy, then go to Step 3.
- 5. When you are finished with Form C complete Step 3, Save and Continue. If you did not print your form in Step 2, you will get a reminder message to "print". If you don't want to print, just click "OK" and then click Save and Continue again and you will be taken directly to the form labeled *Reporting Form Narrative*.
- 6. **Form C Narrative.** Describe any "Additional Programs" in the space provided under Form C Narrative. You can also add any explanations of numbers reported on Form C.

7. When you complete the Form C Narrative, scroll to the bottom of the page and click on "SAVE and Continue". This action will take you directly to Form D.

IMPORTANT!!

Contractors receiving PREP funding must complete Form C twice: once for non-foster children and separately for <u>foster children</u>. Complete Form A for foster children after completing Forms A-D for non-foster children. Use the "Start FOSTER CHILD Form Series" button to enter information on Forms A-D for foster children (see page 4 for instructions on accessing this button).

FORM D – COMMUNITIES SERVED

Session FUNDER		09/13/2011	To 09/14/2011			
Contract Nu Jane Testi	mber: ng on 09 13	Fiscal Year: July 2011 to J	une 2012	Contractor Name: Catholic Charities o	f Arizona - Yavapai	
State	County			City or Town		
AZ	- select County - 💠					
AZ	- select County - 💠					
AZ	- select County - 💠					
AZ	- select County - 💠					
AZ	- select County - 💠					
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	NOTE - Print Se	C. 1		tion, set margins to 0.5 for Step 2 Save and Continuous		

Purpose of the Form

The purpose of Form D, <u>Communities Served</u>, is to track and report geographical areas in which the contractor has provided services during the fiscal year.

General Instructions

Pre-populated Data

Certain data entered on Form A is now populated on Form D. These fields include:

Session being Reported

Funder

Contract Number

Fiscal Year

Contractor Name

Data Entry

Record the geographical areas in which all programs were provided during the reporting period by county and city/town. Select the county from the drop down menu and enter the city or town. A separate row should be used for each county in which services were provided.

General Information about Form D & Form D Narrative

- 1. Contractors need not report the communities in which the clients reside.
- 2. After entering the data on Form D, complete Step 1, Print Form. Read the note on Print Setup and use the print function for your browser. If you do not want to print a copy, then go to Step 2.
- 3. When you are finished with Form D complete Step 2, Save and Continue. Once you click Save and Continue, you will be taken to the form labeled *Reporting Form Narrative*.
- 4. **Form D Narrative.** If an explanation is needed for any portion of Form D, provide the explanation in the REPORTING FORM NARRATIVE under the Form D Narrative heading. You will also be able to review all your narrative entries and make any changes on the Reporting Form Narrative at this time.
- 5. When you complete the Form D Narrative, scroll to the bottom of the page and click on "Save and Print Narrative". This action will provide you with a printable form of the Reporting Form Narrative. Use your browser menu to print the narrative form.
- 6. From the "Congratulations!" page, you can click on Main Menu link to take you back to the beginning of the forms to complete another set for another program. When you have finished, you can close your browser and exit the web portal.

IMPORTANT!!

Contractors receiving PREP funding must complete Form A twice: once for non-foster children and separately for <u>foster children</u>. Complete Form A for foster children after completing Forms A – D for non-foster children. Use the "Start FOSTER CHILD Form Series" button to enter information on Forms A – D for foster children (see page 4 for instructions on accessing this button).

HELPFUL HINTS

1. How to Save a Document without Printing

Most browsers will also let you save the document (from the "print" menu) as a PDF file if you do not want to print the form. From the browser tool bar, click on File, then select Print. When the Print menu appears, look for "PDF", click on "save as PDF". You will need Adobe Reader installed on your computer in order to retrieve the file. Go to this website to download Adobe Reader for you operating system http://get.adobe.com/reader/otherversions/

2. How to Print Blank Forms

A set of blank forms has been included in this User Guide on the next four pages. Please print out these pages for your use. The forms are in Adobe PDF format. The blank forms are not fillable, they must be printed out.

BLANK FORM A—UNDUPLICATED COUNT OF CLIENTS SERVED

Unduplicated Count of Clients Served Ages 12-13 Served Ages 12-13 Served Ages 12-13 Indicate below the number of all clients served by gender, ethnicity, and age.	ved Ages 17-20 ved Ages 17-20 served by gend Clients Served D 21 22 FEMALES	23 24	V, and age.	ilicated Col	Unduplicated Count of All Others Served d age.	thers Serve	D.	
12 13 14 15 16 17 18 19 19 19 19 19 19 19 19 19 19 19 19 19	Signification of the served by gend Silents Served Silents Served FEMALES	23 24	Y, and age.	- Se	ШН			
Age of Clients Serve	Silents Served 21 22 FEMALES		55	HHH	Н			
12 13 14 15 16 17 18 19 20 21 FEMALES MALES	EMALES EMALES	\dashv \vdash \vdash \vdash \vdash \vdash \vdash \vdash	52		-	+		
	FEMALES					29 P*	ò	Ļ
				_				
			-					
Asian Black Hispanic	MALES							
Black								
Hispanic								
N American								
N Hawaiian								
White								
Others								
TOTAL								

BLANK FORM B—HOURS OF SERVICE RECEIVED BY CLIENTS

Grant Number	Fiscal Year
Grantee Name	

Indicate the number of clients, by age group, who received the total number of "program hours."

Unduplicated count of clients served, ages12-13 years old:				Unduplicated count of clients served, ages14-16 years old:			Unduplicated count of clients served, ages 17 - 20 years old:				
Number of Program Hours Received	By 12- 13 year olds	By 14- 16 year olds	By 17- 20 year olds	Number of Program Hours Received	By 12- 13 year olds	By 14- 16 year olds	By 17- 20 year olds	Number of Program Hours Received	By 12- 13 year olds	By 14-16 year olds	By 17- 20 year olds
1				21				41			
2				22				42			
3				23				43			
4				24				44			
5				25				45			
6				26				46			
7				27				47			
8				28				48			
9				29				49			
10				30				50			
11				31							
12				32							
13				33							
14				34							
15				35							
16				36							
17				37							
18				38				Total 12- 13			
19				39				Total 14- 16			
20				40				Total 17- 20			

BLANK FORM C—PROGRAM COMPLETION DATA

Grant Number	Fiscal Year
Grantee Name	

Report the number of all clients that complete the various types of program(s) offered.

Type of Program	Number of Program	Number of Clients that complete at least 75% of the program					
(see directions for program types)	Hours		Number of	Clients Serve	d		
program typesy	Provided	12-13	14-16	17-20	Other		

BLANK FORM D—COMMUNITIES SERVED

Grant Nu	mber	Fiscal Year
Grantee N	lame	
State	County	City/Town